MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS AFTER** AFTER **AS FILED** AFTER AFTER AS FILED I" AMENDMENT 2 [™] AMENDMENT I AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>64</u> TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP. TOTAL TOTAL CLAIMS

CLAIMS